

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.
10/ 591816**

**FILING DATE
9-6-06**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
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TOTAL IND.			1	1	1	1
TOTAL DEP.	1	1	10	10	10	10
TOTAL CLAIMS	1	1	11	11	11	11

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1	1	1
TOTAL DEP.	1	1	10	10	10	10
TOTAL CLAIMS	1	1	11	11	11	11